

## WATER SUPPLY SYSTEM & SEWERAGE SYSTEM CAPACITY COMMITMENT FOR THE SUBDIVISION OF LAND

In accordance with the Annotated Code of Maryland, Environment Article §9-512, this form shall be completed by the local agency responsible for the provision of public water and wastewater facilities and shall accompany all subdivision plats to be approved by the local approving authority as designated by the Maryland Department of the Environment.

Municipality: \_\_\_\_\_

Name of Proposed Subdivision: \_\_\_\_\_

Property Owner/Developer: \_\_\_\_\_

Location/Address of  
Proposed Subdivision: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_ Number of Units: \_\_\_\_\_ PROPER ID: \_\_\_\_\_

### Water Supply System Commitment:

Estimated Water Requirement: \_\_\_\_\_ (max./gal./day) \_\_\_\_\_ (avg./gal./day)

Water Treatment Plant/Distribution Area: \_\_\_\_\_

Water Capacity Exists and will be reserved for this subdivision: ☐ Yes ☐ No

Water Capacity will be available in time to serve this subdivision: ☐ Yes ☐ No

Name of capital project needed to serve this subdivision: \_\_\_\_\_

Estimated date of completion of capital project: \_\_\_\_\_

### Sewerage System Commitment:

Estimated Wastewater Requirement : \_\_\_\_\_ (avg./gal./day)

Wastewater Treatment Plant/Collection Area: \_\_\_\_\_

Wastewater Capacity Exists and will be reserved for this subdivision: ☐ Yes ☐ No

Wastewater Capacity will be available in time to serve this subdivision: ☐ Yes ☐ No

Name of capital project needed to serve this subdivision: \_\_\_\_\_

Estimated date of completion of capital project: \_\_\_\_\_

We, the undersigned, certify that water supply system and/or sewerage system to serve this subdivision either exists or will be completed in time and will be adequate to serve the proposed subdivision without overloading any water supply or sewerage system. This certification takes into consideration all present and approved subdivision plats and building permits in the service area.

\_\_\_\_\_  
Local Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Engineer

\_\_\_\_\_  
Date

Copy of this form to local Environmental Health Office